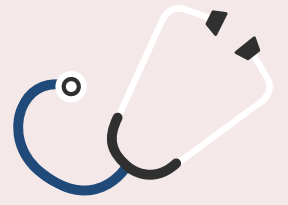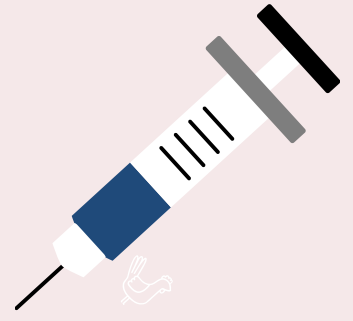# IAFP
PICO DE POEM

APRIL 2022

CARDIOVASCULAR RISK FOR PATIENTS WITH AND WITHOUT SCHIZOPHRENIA, SCHIZOAFFECTIVE DISORDER, OR BIPOLAR DISORDER
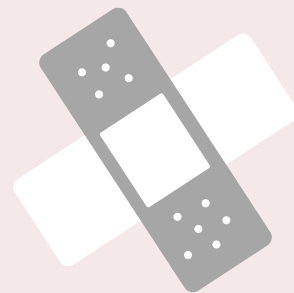
PRESENTING QUESTION

Is Cardiovascular Risk increased in patients with serious mental illness (SMI) compared to patients without SMI? (SMI; bipolar disorder, schizophrenia, or schizoaffective disorder).

INDEPENDENT VARIABLE

Patients with serious mental illness

COMPARATOR

Patients without serious mental illness

OUTCOME

10-year cardiovascular risk was significantly higher in patients with SMI. Similarly, 30-year cardiovascular risk was also higher in those with SMI patients with SMI.The cardiovascular risk factors contributing most to this increased risk were elevated body mass index and smoking. Among SMI subtypes, patients with bipolar disorder had the highest 10-year cardiovascular risk, while patients with schizoaffective disorder had the highest 30-year cardiovascular risk.

SYNOPSIS

Patients aged 18 to 75 with primary care visits from January 2016 to September 2018 were grouped into two categories of those with and without SMI using diagnosis codes. Ten-year cardiovascular risk was estimated using atherosclerotic cardiovascular disease scores for patients aged 40 to 75 years without cardiovascular disease. Similarly, 30-year cardiovascular risk was estimated using Framingham risk scores for patients aged 18 to 59 years without cardiovascular disease. Patients were then adjusted for age, sex, race, ethnicity, and insurance type. A total of 11 333 patients with SMI and 579 924 patients without SMI were included.

KEY TAKEAWAYS

The significantly increased cardiovascular risk associated with SMI is evident even in young adults. This suggests the importance of addressing uncontrolled major cardiovascular risk factors in those with SMI at as early an age as possible.

Rossom, R. C., Hooker, S. A., O'Connor, P. J., Crain, A. L., & Sperl-Hillen, J. A. M. (2022). Cardiovascular risk for patients with and without schizophrenia, schizoaffective disorder, or bipolar disorder. Journal of the American Heart Association, 11(6). https://doi.org/10.1161/jaha.121.021444